



AF/2836
ITW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Larry B. Li

Group Art Unit: 2836

Serial No.: 09/738,127

Examiner: Demakis, James

Filed: December 15, 2000

Docket No. 050324-1250

For: **Electrostatic Discharge Protection Circuit**

RESPONSE TO FINAL OFFICE ACTION

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The final Office Action mailed August 24, 2004 has been carefully considered. In response thereto, please enter the following amendments and consider the following remarks.

AUTHORIZATION TO DEBIT ACCOUNT

It is not believed that extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 08-2025.

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Larry B. Li

SEP 13 2004

Docket No.

050324-1250

Serial No.
09/738,127Filing Date
12-15-00Examiner
Demakis, JamesConfirmation No.
9821Group Art Unit
2836Invention: **Electrostatic Discharge Protection Circuit**

Commissioner for Patents
Mail Stop AF
P.O. Box 1450
Alexandria VA 22313-1450

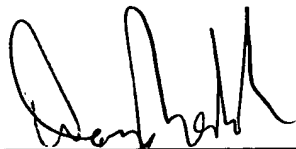
Transmitted herewith is Response to Final Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	26-	29 =	0	X \$18.00	\$00.00
INDEP. CLAIMS	3 -	3 =	0	X \$86.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$145.00	\$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> 55.00	2 ND MONTH <input type="checkbox"/> 210.00	3 RD MONTH <input type="checkbox"/> 475.00	4 TH MONTH <input type="checkbox"/> 740.00	\$
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00

- ☒ No additional fee is required.
☐ Please charge Deposit Account No. _____ in the amount of _____.
☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$_____.
☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.



David Rodack, Reg. No. 47,034

9/10/04

Date